

**INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY  
MORTGAGE CREDIT CERTIFICATE  
2006 PROGRAM REGISTRATION FORM**

**THIS FORM MUST BE EXECUTED FOR EACH ORIGINATING OFFICE PARTICIPATING IN THE PROGRAM.**

I/WE will participate in the Indiana Housing and Community Development Authority's Mortgage Credit Certificate Program.

COMPANY  
NAME \_\_\_\_\_

CLOSING \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

— (NUMBER YOU WISH BORROWERS TO CALL) (NUMBER YOU WISH IHFATO FAX TO)

**PLEASE CHECK TYPE OF LOAN(S) YOU ARE APPROVED TO CLOSE. YOU CAN ONLY MAKE A RESERVATION FOR A LOAN THAT YOU CAN CLOSE.**

FHA \_\_\_\_\_ VA \_\_\_\_\_ FANNIE MAE \_\_\_\_\_ USDA RURAL DEVELOPMENT \_\_\_\_\_

**Please list below the name of the person from your organization to whom mail and email is to be sent as well as telephone inquires/information from IHCD.**

CLOSING CONTACT CONTACT NAME

CLOSING CONTACT PHONE #  
FAX#

CLOSING CONTACT EMAIL ADDRESS \_\_\_\_\_  
(An email address is required)

**Please note that the Closing contact MUST be at a different location than the Application contact.**

**Please note that the contact person will be responsible for giving everyone in your office access to IHCD online. IHCD will not give usernames or passwords to anyone other than the contact person listed above.**

ONLINE USERNAME \_\_\_\_\_

ONLINE PASSWORD \_\_\_\_\_

\_\_\_\_\_  
DATE COMPANY AUTHORIZED OFFICER'S SIGNATURE

Indiana Housing and Community Development Authority hereby acknowledges the above named company as a registered participating lender in the Mortgage Credit Certificate Program.

\_\_\_\_\_  
DATE SHERRY SEIWERT, EXECUTIVE DIRECTOR